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06/30/2008

Ryan, Mason & Lewis, LLP 90 Forest Avenue Locust Valley, NY 11560



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(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/600 235	10/31/2003	John Alan Rivens	YOR920030393US1	3364

TITLE OF INVENTION: METHODS AND APPARATUS FOR CONTINUOUS CONNECTIVITY BETWEEN MOBILE DEVICE AND NETWORK USING DYNAMIC CONNECTION SPREADING

•							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1440	\$300	\$0 10/01/2008 A	\$1740 JONDAF2 00000046 5	09/30/2008 00510 10699235	
EXAMINER ART UNIT MILLS, DONALD L 2616		CLASS-SUBCLASS	01 FC:1501 1440.00 DA				
		2616	370-429000	₩2 FC:1504	300.00 DA		
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a				
PTO/SB/47; Rev 03- Number is required	dication (or "Fee Address 02 or more recent) attac L	" Indication form hed. Use of a Customer	registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME A	AND RESIDENCE DAT	A TO BE PRINTED ON	THE PATENT (print or ty	pe)			
PLEASE NOTE: Un recordation as set for	nless an assignee is iden th in 37 CFR 3.11. Com	tified below, no assigned	e data will appear on the p OT a substitute for filing an	atent. If an assignee is i assignment.	dentified below, the doc	cument has been filed for	
(A) NAME OF ASS		•		and STATE OR COUN			
•		r categories (will not be	_	Armonk, NY Individual Corporat	ion or other private grou	up entity Government	
4a. The following fee(s)) are submitted:	4	b. Payment of Fee(s): (Ple	ase first reapply any pre	viously paid issue fee sl	hown above)	
Issue Fee		· 18	A check is enclosed.	1 F. PTO 2020 !			
`	No small entity discount # of Copies	•	The Director is hereb	rd. Form PTO-2038 is att y authorized to charge the osit Account Number 50	required fee(s), any defi	iciency, or credit any extra copy of this form).	
5. Change in Entity St	atus (from status indicat	ed above)	· · · · · · · · · · · · · · · · · · ·			***************************************	
a. Applicant clair	ms SMALL ENTITY sta	tus. See 37 CFR 1.27.	b. Applicant is no lor	ger claiming SMALL EN	TITY status. See 37 CF	R 1.27(g)(2).	
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Authorized Signatur	LLW.	iall	ent	Date Jul	y 22, 2008		
Typed or printed nar	me Willi	am E. Lewis	_	Registration No.	39,274		

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(Signature)	
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10/699,235	10/31/2003	John Alan Biyens	YOR920030393US1	3364

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nonprovisional	NO	\$1440	\$300	\$0	\$1740	09/30/2008
· EXAM	INER	ART UNIT	CLASS-SUBCLASS			
MILLS, E	ONALD L	2616	370-429000	•		
CFR 1.363). Change of corress Address form PTO/SB/47; Rev 03-Number is required 3. ASSIGNEE NAME APLEASE NOTE: Unrecordation as set for (A) NAME OF ASSIGNEE THE PLASSION	dication (or "Fee Address 02 or more recent) attack of the control	ange of Correspondence "Indication form ned. Use of a Customer A TO BE PRINTED ON	or agents OR, alternative (2) the name of a single registered attorney or a 2 registered patent atto listed, no name will be THE PATENT (print or type data will appear on the port a substitute for filing an (B) RESIDENCE: (CITY action	3 registered patent attorn vely, e firm (having as a membagent) and the names of uneys or agents. If no namprinted. Dee) atent. If an assignee is it assignment. Y and STATE OR COUNTARTMONK, NY	er a 2 Ryan, M 2 Ryan, M 3 Administration of the second se	W. Cameron. ason & Lewis, LLP cument has been filed for
5. Change in Entity St	No small entity discount # of Copies atus (from status indicate atus SMALL ENTITY stat and Publication Fee (if received of the United St	permitted) ed above) rus. See 37 CFR 1.27.	The Director is hereb overpayment, to Depo	rd. Form PTO-2038 is att y authorized to charge the osit Account Number _50 ager claiming SMALL EN the applicant; a registered	ached. required fee(s), any defi -0510 (enclose an	ciency, or credit any extra copy of this form).
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